## EXHIBIT 34

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Miriam	Galarza	Sanche	2
Participant's Address:	HC-05	Box 56106	Caguas,	P.R. 00 72
Participant's Email Address:	galarzaei	la 958@gmail.	Com	
Name of Counsel:				
Address of Counsel:				<del></del>
Email Address of Counsel:				
2. Participant's C	laim number ar	nd the nature of Partici	pant's Claim:	
Claim Number:	14627	4		
Nature of Claim:	178K	03283-LTS		
By: Miller Ho. Signature	læg sån	ely		<b>D</b> -
Miriam Gala Print Name				SEP 08 2021
Retirada del G Title (if Participant is	not an individu	na del Retiro del al)	Gob) PRIM	ME CLERK LLC
08/30/2021 Date				

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Mitiam Galarza
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Caguas, P. R. 00 725 SEP 2021

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Prime Clerk LLC Grand Central Station POBOX4850 New York, N.Y. 10163-4850

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